

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		3				
7		1					57		1				
8		1					58		9		9		
9		3					59		9		9		
10		1					60		9		9		
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		3					69						
20		1					70						
21		1					71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		3					80						
31		1					81						
32		9					82						
33		9					83						
34		9					84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		3					96						
47		1					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.	8	110					TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	74					
TOTAL CLAIMS	118						TOTAL CLAIMS	82					

12
22
165
27
175